

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Assisted Living Federation of America

ADDRESS (number and street) ▼

1650 King Street

Suite 602

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00338020

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Maribeth Bersani

Signature of Treasurer

Ms Maribeth Bersani

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2014</div></div>		<div>445859.32</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>447145.88</div>	
(c) Total Receipts (from Line 19)	<div>4613.13</div>	<div>60800.50</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>451759.01</div>	<div>506659.82</div>
7. Total Disbursements (from Line 31).....	<div>13525.12</div>	<div>68425.93</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>438233.89</div>	<div>438233.89</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M M / D D / Y Y Y Y
06 01 2014

To:

M M / D D / Y Y Y Y
06 30 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1650.00

45185.00

(ii) Unitemized

2925.00

10144.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4575.00

55329.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

4575.00

60329.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

523.13

1526.50

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

-485.00

-1055.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

4613.13

60800.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

4613.13

60800.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1025.12	2325.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1025.12	2325.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	66100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13525.12	68425.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13525.12	68425.93

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4575.00	60329.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4575.00	60329.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1025.12	2325.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	523.13	1526.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	501.99	799.43

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB
.

Form/Schedule: F3XA

Transaction ID :

June 10 contribution to Booker for Senate was originally incorrectly identified as being for the primary election when in fact it was given for the general election. The error has been corrected with this amendment to our July FEC Report.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Christopher Barstein

Mailing Address 239 Washington Ave

City

West Haven

State

CT

Zip Code

06516-5341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2778036

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Martin Damian

Mailing Address 109 Patten Rd

City

Tewksbury

State

MA

Zip Code

01876-3927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emeritus Senior Living

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 05 / 2014

Transaction ID : C2749963

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Anne Deminico

Mailing Address 2 New Water St.

City

Middleboro

State

MA

Zip Code

02346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2014

Transaction ID : C2778090

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Anne Deminico

Mailing Address 2 New Water St.

City State Zip Code
 Middleboro MA 02346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 06 / 10 / 2014

Transaction ID : C2778091

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Anne Deminico

Mailing Address 2 New Water St.

City State Zip Code
 Middleboro MA 02346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 06 / 10 / 2014

Transaction ID : C2778094

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Allison Guthertz

Mailing Address 492 Beacon St
 Unit 15

City State Zip Code
 Boston MA 02115-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benchmark Senior Living-N/A

Occupation

VP, Quality Resident Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
 06 / 10 / 2014

Transaction ID : C2751949

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Guy Hemond

Mailing Address 8 Park Lane Ave

City
Milford

State
MA

Zip Code
01757-2024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

VP- Culinary & Dining Experience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2014

Transaction ID : C2749521

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Liberty Stansberry

Mailing Address 10031 Wallingford Ave N

City
Seattle

State
WA

Zip Code
98133-9438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emeritus Senior Living

Occupation

Vice President of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : C2749961

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

1650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Assisted Living Federation of America

Mailing Address 1650 King St
Ste 602

City Alexandria State VA Zip Code 22314-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1526.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : C2787484

Amount of Each Receipt this Period

523.13

Reimbursement For Credit Card Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

523.13

523.13

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 13

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Russell Chason

Mailing Address 820 Devenish Ln

City State Zip Code
 Roswell GA 30075-5552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kwalu

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

MM / DD / YYYY
 06 / 01 / 2014

Transaction ID : C2787487

Amount of Each Receipt this Period

-100.00

Full Name (Last, First, Middle Initial)

B. Matthew Chutjian

Mailing Address 12 Causey Way

City State Zip Code
 Beaufort SC 29907-2540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kwalu LLC

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

MM / DD / YYYY
 06 / 01 / 2014

Transaction ID : C2787486

Amount of Each Receipt this Period

-100.00

Full Name (Last, First, Middle Initial)

C. Mark Woodka

Mailing Address 1621 Euclid Ave
 Ste 1500

City State Zip Code
 Cleveland OH 44115-2192

FEC ID number of contributing
federal political committee.

C

Name of Employer

OnShift

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

MM / DD / YYYY
 06 / 23 / 2014

Transaction ID : C2787485

Amount of Each Receipt this Period

-285.00

SUBTOTAL of Receipts This Page (optional)..... ►

-485.00

TOTAL This Period (last page this line number only)..... ►

-485.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2014

Mailing Address 1445 New York Ave NW

City	State	Zip Code
Washington	DC	20005-2134

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type**Transaction ID : D159925**

Amount of Each Disbursement this Period

1025.12

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1025.12
1025.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. People's Voice PAC

Mailing Address PO Box 685

City	State	Zip Code
Madison	WI	53701-0685

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : D159726

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CORY BOOKER FOR SENATE

Mailing Address PO Box 32237

City	State	Zip Code
Newark	NJ	07102-0637

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Sen. Cory BookerOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : D159727

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DONNELLY FOR INDIANA

Mailing Address 1050 17TH ST NW STE 590

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Sen. Joe DonnellyOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : D159725

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00

12500.00
